## PART B - FEE(S) TRANSMITTAL

FIRST NAMED INVENTOR

Tasuku HONJO

TITLE OF INVENTION: A SCREENING METHOD OF A SUBSTANCE FOR THERAPY OF CARDIAC DISEASE AND A PHARMACEUTICAL COMPOSTION

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block I for any change of address)

FILING DATE

10/17/2005

WASHINGTON DC SUGHRUE/265550

65565

CUSTOMER NUMBER

APPLICATION NO.

10/553,406

SUGHRUE MION, PLLC 2100 PENNSYLVANIA AVENUE, NW SUITE 800 WASHINGTON, DC 20037 Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

## Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

ATTORNEY DOCKET NO.

Q90923

CONFIRMATION NO.

3704

FOR THERAPY OF C	CARDIAC DISEASE										
APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICAT FEE	ION PREV. PA	D ISSUE FEE	TOTAL FEE(S) DUE	DAT	TE DUE			
nonprovisional	NO	\$1440.00	\$300.00	S	0.00 \$1,740.00 0		07/0	01/2008			
EXAMINER			ART UNI	T CLASS-S	SUBCLASS						
Ann Y. Lam				435-	007200						
1. Change of correspon	dence address or ind	ication of "Fee Address"	(37 CFR 1.363	2. For printing on	the patent front p	age list 1	Sughrue Mion	, PLLC			
☐ Change of correspondence address (or Change of Correspondence Ad PTO/SB/122) attached.				attorneys or agents OR, alternatively, 2							
		ress" Indication form Pa f a Customer Number is									
agents. If no name is listed, no name will be printed.											
		DATA TO BE PRINTE									
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.											
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)											
ONO PHARMACEUT	TICAL CO., LTD.	Okaka, Jap	an								
Tasuku HONJO		Kyoto, Japan									
Please check the appro	priate assignee categ	ory or categories (will ne									
4a. The following fee(s) are submitted:				4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)							
☑ Issue Fee				☐ A check is enclosed.							
☑ Publication Fee (No small entity discount permitted)				☐ Payment by credit card. Form 1310-2038 is attached.							
Advance Order - # of Copies				☑ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 19-4880 (enclose an extra copy of this form).							
				TO is directed and authorized to charge all required fees to Deposit Account No. lease also credit any overpayments to said Deposit Account.							
5. Change in Entity Sta	•	•									
		atus. See 37 CFR 1.27.	= =	_		ENTITY status. See 3					
	-	apply the Issue Fee and I									
NOTE: The Issue Fee party in interest as sho	and Publication Fee own by the records of	(if required) will not be a the United States Patent	accepted from ar and Trademark	oyone other than the Office.	applicant; a regis	stered attorney or age	ent; or the assi	gnee or other			
Authorized Signature	- <del></del>	Susan J M	ail	Date -		June 27, 200	8				
Typed or Printed Nam		Susan J. Mack		Registration No.	06/30/2008	30,951 <b>AWONDAF2 0000001</b>	9 194880	10553406			
Modified PTOL-85 (R	ev. 08/07) Approved		01 FC:1501 02 FC:1504	1440.00 DA 300.00 DA							

## PART B - FEE(S) TRANSMITTAL

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

FILING DATE

10/17/2005

WASHINGTON DC SUGHRUE/265550

65565

CUSTOMER NUMBER

APPLICATION NO.

10/553,406

FOR THERAPY OF CARDIAC DISEASE

SUGHRUE MION, PLLC 2100 PENNSYLVANIA AVENUE, NW SUITE 800 WASHINGTON, DC 20037 Stor Drag I h Sta ade uin 2 7 2008

FIRST NAMED INVENTOR

Tasuku HONJO

TITLE OF INVENTION: A SCREENING METHOD OF A SUBSTANCE FOR THERAPY OF CARDIAC DISEASE AND A PHARMACEUTICAL COMPOSTION

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

## Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

CONFIRMATION NO.

3704

ATTORNEY DOCKET NO.

O90923

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATI FEE	ON	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE				
nonprovisional	NO	\$1440.00	\$300.00		\$0.00	\$1,740.00	07/01/2008				
EXAMINER			ART UNI	T	CLASS-SUBCLASS						
Ann Y. Lam				1641 435-007200							
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363   2. For printing on the patent front page list   1   Sughrue Mion, PLLC											
☐ Change of correspondence address (or Change of Correspondence Add PTO/SB/122) attached.				attorneys or agents OR, alternatively,							
03-02 or more recent)	ATTACHED. Use	Iress" Indication form P7 of a Customer Number is	required.	names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.							
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)											
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.											
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)											
ONO PHARMACEUTICAL CO., LTD. Okaka, Japan											
Tasuku HONJO		· Kyoto, Japan					_				
Please check the appropriate assignee category or categories (will not be printed on the patent): 🗹 Individual 🗹 Corporation or other private group entity 🗆 Government											
4a. The following feet			4b. Payme	4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)							
☑ Issue Fee				☐ A check is enclosed.							
☑ Publication Fee (No small entity discount permitted)				☐ Payment by credit card. Form 1310-2038 is attached.							
☐ Advance Order - # of Copies				☑ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 19-4880 (enclose an extra copy of this form).							
☑ The USPTO is directed and authorized to charge all required fees to Deposit A 19-4880. Please also credit any overpayments to said Deposit Account.							to Deposit Account No.				
5. Change in Entity S							arm + 00( )(0)				
a. Applicant claims	SMALL ENTITY	status. See 37 CFR 1.27.			s no longer claiming SMALL						
The Director of the U	SPTO is requested to	apply the Issue Fee and	Publication Fee (	if any)	or to re-apply any previously	paid issue fee to the appl	ication identified above.				
NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.											
Authorized Signature	-	Susan J M	all	Date-	e	June 27, 2008					
Typed or Printed Nar	ne	Susan J. Mack	•	Reg	sistration No.	30,951					
Modified PTOL-85 (Rev. 08/07) Approved for use through 08/31/2010.											